

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

10789988

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	18					
TOTAL CLAIMS	22					

CLAIMS					
IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					